

Female Empowerment EFT  
INTAKE FORM

*Please complete form to your best ability*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear of Female Empowerment EFT? \_\_\_\_\_

Have you done EFT before? \_\_\_\_\_ With a practitioner? \_\_\_\_\_

Do you have a medical or psychiatric condition I should know about? \_\_\_\_\_

If you are currently taking medications, do you agree to continue your medical treatment? \_\_\_\_\_

Are you currently suicidal? \_\_\_\_\_ Have you been suicidal in the past 12 months? \_\_\_\_\_

Are you currently working with a licensed therapist of any kind? \_\_\_\_\_

Do you suffer from: \_\_\_Epilepsy or Seizures \_\_\_Panic Attacks \_\_\_Severe Depression \_\_\_ PTSD

Check all issues you would like to work on:

\_\_\_Prosperity                    \_\_\_Chronic Pain                    \_\_\_Balancing Work and Personal Life

\_\_\_Stress/Anxiety                \_\_\_Limiting Belief                    \_\_\_Weight Issues or Self Esteem

\_\_\_ Fears/Phobias                \_\_\_Relationship Issues                \_\_\_Sports or Academic Performance

\_\_\_Procrastination                \_\_\_Feeling Stuck in Life                \_\_\_Anger, Frustration, or Resentment

\_\_\_Being More Effective at Work (or home)                \_\_\_Past Trauma or Painful Memory

Other issue not mentioned above: \_\_\_\_\_

What other treatments or therapies have you been using for this/these issue(s)? \_\_\_\_\_

Instinctually, what do you believe is causing the issue? \_\_\_\_\_

Current spiritual/religious beliefs: \_\_\_\_\_

Do you have any prior knowledge about the Law of Attraction? \_\_\_\_\_

What do you hope to get out of Female Empowerment EFT Sessions? \_\_\_\_\_

# Female Empowerment EFT

## DISCLAIMER / INFORMED CONSENT

I understand that any information that Lori Lamont may provide is only general information and is not to be considered medical or legal advice. I understand that Lori Lamont is not a licensed therapist, psychologist or health care practitioner.

I understand that in the session we will use techniques that address the energy system of the body. Energy methods are intended to complement, not replace, medical or psychological care. These methods include, but are not limited to EFT/Tapping & Matrix Reimprinting. While evidence is mounting through scientific studies of the clinical significance of providing positive outcomes, each person responds differently and results vary from person to person.

I am aware that Lori Lamont does not diagnose illness or disease, and does not prescribe medications. I agree not to discontinue or change any medications I am taking while working with Lori Lamont without consulting my doctor.

I understand that EFT and Matrix Reimprinting procedures may bring unresolved and distressing memories and related emotions and physical sensations into my awareness, and it is possible that disturbing material may continue to surface after a session and require further work.

I understand that the intensity of previously vivid or traumatic memories may diminish or vanish completely. While this is considered a benefit, this reaction may adversely impact my ability to provide compelling legal testimony regarding a traumatic incident.

I understand that all information I share with Lori Lamont is confidential and that no information will be released to any third party without my express written consent, with the following exceptions:

-When there is imminent risk of danger to myself or another person.

-When there is suspicion that a child or elder is being sexually or physically abused or is at risk of such abuse.

-When a valid court order is issued for session records.

I give Lori Lamont permission to describe the details of my sessions to her students, colleagues and mentors for training or supervision purposes only, as long as my personal anonymity is strictly protected.

Any stories or testimonials about Female Empowerment EFT, Deliberate Manifestation, EFT or Matrix Reimprinting are not to be considered a warranty, guarantee or prediction regarding any outcome of any individual working with Lori Lamont.

I understand that Lori Lamont, Deliberate Manifestation, has a 24 hour cancellation policy and agree to pay \$25 for any booked sessions that have not been canceled 24 hours in advance.

I understand that the session runs for 50-55 minutes from the start time. If I am late to the appointment the end time will still remain the same.

If I am meeting with Lori Lamont remotely; over the phone or computer, I agree to be in a safe and private space throughout the session time. I will not operate machinery during a session.

I have thoroughly considered all of the above and have obtained whatever additional input and/or professional advice I deem necessary or appropriate to make an informed decision before commencing sessions utilizing EFT.

I agree that typing in my name below is the electronic equivalent of my actual signature.

---

Client Signature

---

Date